



AUTHORIZATION TO OBTAIN RECORDS - NEW PATIENT SPECIALTY

I, NAME, DOB, authorize Thunderbird Internal Medicine to obtain all my medical records which may include information concerning communicable diseases such as HIV, AIDS, mental illness (except psychotherapy notes), chemical/alcohol dependency and diagnosis and treatment information from:

Doctor: _____ Practice Name: _____

Address: _____

Phone: _____ Fax: _____

Disclosure of the information is requested for the purpose of: _____

Social Security #: _____

This authorization is for the release of records pertaining to my care and treatment as indicated below (circle one below):

****Please use Internal Medicine Authorization form for our Internal Medicine Providers****

<u>Neurology</u>	<u>Audiology</u>	<u>Podiatry</u>
<input type="checkbox"/> Darry Johnson, M.D. <input type="checkbox"/> Thomas Habiger, M.D.	<input type="checkbox"/> Deborah Blaylock, Au.D	<input type="checkbox"/> John Tassone, D.P.M
Last 1 year: <ul style="list-style-type: none"> • Brain & Spine Imaging Reports 	Last 2 years: <ul style="list-style-type: none"> • Audiology testing 	Last 1 year: <ul style="list-style-type: none"> • Podiatric Imaging Reports
Most Recent: <ul style="list-style-type: none"> • EMG/Nerve Study/EEG • ECHO • Carotid U/S • Neurology Consultation • Hospital Discharge Summary • Primary Care Consultation 	Most Recent <ul style="list-style-type: none"> • ENT Consultation All: <ul style="list-style-type: none"> • Hearing Aid History 	Most Recent <ul style="list-style-type: none"> • Consultation Notes • Labs • Hospital H&P • Hospital Discharge Summary

Patient/Guardians Signature: _____ Date: _____

Witness's signature: _____ Date: _____

EXPIRATION DATE OF THIS AUTHORIZATION: _____

For the protection of the patient-this is not a valid release if not witnessed and if not entirely complete. This authorization is valid for 6 months unless revoked in writing. It cannot be revoked retroactively for information already released.

NOTICE TO THE PATIENT: Please make arrangements with your previous physician(s) office to obtain any records for personal use. Thunderbird Internal Medicine does not provide such copies to our patients. Our physicians only retain what they feel is medically necessary from these records, thus we do not retain a complete set. In addition, prior to providing our office with any records you may already have, please retain a copy for yourself. **If any portion of this authorization is returned incomplete, there will be a delay in the processing of this request until completion.**

Please fax back this form with records attached to 602-938-6069. Thank you